

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015347

STATE FILE NUMBER

Registration District No. 72Primary Registration District No. 4134Registrar's No. 91DO NOT WRITE  
ON THIS STUB

AMENDED

FILED APR 29 1963

VS 300  
Rev. 4/59

1 6000

2 6000

3

4 1

5 1

6

7 0

8 0

9 75.0

10

11

12 4-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Smithville

Length of stay in 1b  
4 Daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Smithville Community Hosp.

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Clay

c. CITY OR TOWN

Smithville

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

None

Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
Sallie Florence McComas4. DATE OF DEATH  
Month Day Year  
April 19 1963

## 5. SEX

Fe

## 6. COLOR OR RACE

Wh

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

6-28-95

## 9. AGE (last birthday)

67

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

At Home

## 11. BIRTHPLACE (City and state or country)

Clay County, Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

William P. Strange

## 13b. MOTHER'S MAIDEN NAME

Lucy E. Bullock

## 14. NAME OF HUSBAND OR WIFE

S. A. McComas

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

S. A. McComas Smithville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Generalized Abdominal Carcinoma  
Carcinoma OvaryConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from April 12, 1963 to April 19, 1963 and last saw her alive on April 19, 1963  
Death occurred at April 19, 1963 4 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Signature or title)

## 22b. ADDRESS

Smithville, Mo.

## 22c. DATE SIGNED

4/20/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23c. NAME OF CEMETERY OR CREMATORY

Apr. 21, 1963 I.O.O.F. Cemetery

## 23d. LOCATION (City, town, or county)

Smithville, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

McComas Funeral Home Smithville, Mo.

## 25. DATE RECD. BY LOCAL REG.

4-20-63

## 26. REGISTRAR'S SIGNATURE

Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

MAY 1 1963

JUL 2 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address: Smithville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.